

## CLAIMS ONLY

Application Number  
101758188

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3						
4		1				
5						
6		1				
7						
8						
9		1				
10		1				
11		1				
12		1				
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49						
50						
Total Indep	1					
Total Depend	9					
Total Claims	10					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						